



2019 Novel Coronavirus (COVID-19) Guidance for Integrated Care Programs: One Care, Program of All-inclusive Care for the Elderly (PACE), and Senior Care Options (SCO)

March 18, 2020

Intended Audience: One Care Plans, Senior Care Organizations (“SCO Plans”), and PACE organizations (collectively: “Integrated Care Plans”)

Terminology: For purposes of this document, “Member” refers to an individual either enrolled in or engaging with the Integrated Care Plan for pre-enrollment activities, including eligibility assessment or determination activities.

This guidance is based on what is currently known about the transmission and severity of 2019 novel Coronavirus Disease (COVID-19). The Massachusetts Department of Public Health is working closely with the federal Centers for Disease Control and Prevention (CDC) to provide updated information about the COVID-19 outbreak.

This guidance will be updated as needed and as additional information is available. Please regularly check [mass.gov/2019coronavirus](https://www.mass.gov/2019coronavirus) for updated interim guidance.

Each organization faces specific challenges associated with implementation based on its population, physical space, staffing, etc., and will need to tailor these guidelines accordingly. **This guidance is intended to supplement, not supplant, provisions from regulatory agencies that oversee health care organizations.** Organizations may develop their own policies, but these policies should be based on current science and facts, not fear, and they should never compromise a client’s or employee’s health.

General

- Follow advice and guidance from:
 - Centers for Disease Control (CDC) (<https://www.cdc.gov/coronavirus/2019-ncov/about/index.html>)
 - Centers for Medicare and Medicaid Services (<https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page> and <https://www.cms.gov/newsroom>)
 - Massachusetts Department of Public Health (DPH) (www.mass.gov/2019coronavirus)
 - MassHealth (<https://www.mass.gov/info-details/masshealth-coronavirus-disease-2019-covid-19-providers>)

- Follow MassHealth All Provider and MCE Bulletins (<https://www.mass.gov/info-details/masshealth-coronavirus-disease-2019-covid-19-providers>), particularly All Provider Bulletin 289 and Managed Care Entity Bulletin 21 issued March 13, 2020.
 - One Care Plans and SCO Plans should comply with the MCE Bulletin
 - PACE organizations should comply with both Bulletins as indicated therein

- For the provision of **covered services** to One Care, PACE, and SCO enrollees, comply with all applicable 2019 Novel Coronavirus (COVID-19) Guidance documents posted on DPH's website ([mass.gov/2019coronavirus](https://www.mass.gov/2019coronavirus)) as well as additional MassHealth guidance listed below, as well as any subsequent updates:
 - [Pharmacy Facts 141: Updates Related to Coronavirus Disease 2019 \(COVID-19\) Effective March 14, 2020](#)
 - [Agency-Based In-Home Caregivers & Workers \(e.g. Home Health Agencies, Personal Care Management Agencies, Home Care Agencies, Adult Foster Care, etc.\) 2019 Novel Coronavirus \(COVID-19\) Guidance](#)
 - [Non-Agency Based In-Home Caregivers \(e.g. PCAs, Independent Nurses, etc.\) 2019 Novel Coronavirus \(COVID-19\) Guidance](#)
 - [Community Day Program Settings \(e.g. Adult Day Health, Day Habilitation, Councils on Aging, etc.\) 2019 Novel Coronavirus \(COVID-19\) Guidance](#)
 - [MassHealth LTSS Provider Information: Updates Related to the Coronavirus Disease 2019 \(COVID-19\)](#).
- In addition, PACE organizations should comply with the guidance for Community Day Program Settings linked above for the operation of PACE centers.
- As guidance and circumstances evolve, comply with updated CMS, DPH, and MassHealth guidance.
- Personal Protective Equipment: In suspected or confirmed cases of COVID-19 where direct contact with a member is necessary, Integrated Care Plans should follow DPH's guidance letter dated March 4th (or subsequent, if updated) guidance: [Updated Guidance on Strategies to Optimize Use of Personal Protective Equipment \(PPE\)](#).
- The flexibilities and guidance outlined in this document is effective for the duration of the state of emergency declared via **Executive Order No. 591**; MassHealth may extend them as needed.
- This guidance document will be updated periodically as needed.

Accessibility, Accommodations, and Communication Access

Integrated Care Plans must continue to ensure that the accessibility, accommodations, and communication access needs of Members are met.

Assessments

- The following flexibilities and guidance for assessments are applicable for all Members in Integrated Care Plans, including both:
 - New Members, for whom either the in-person Comprehensive Assessment or MDS-HC assessment has not been completed; and
 - Members whose most recent Comprehensive Assessment or MDS-Assessment was previously completed based on in-person meetings.
- MassHealth will provide flexibility with regards to in-person assessment requirements for Integrated Care Plans as follows:

- All assessments must be provided in accordance with the Member's accessibility and communication needs, and must include access to an interpreter if needed. Interpreter services may be provided via alternative means if appropriate for the Member's communication needs.
 - It is critical to ensure all Members' needs are addressed, and to screen for any services that may be required, including emergency services.
 - Any assessments conducted through alternative means (e.g. telephonically, through remote video technologies, such as telehealth, FaceTime, Skype, WhatsApp, etc.) must be documented in the Member's health record and centrally tracked. Such documentation and centralized tracking must be shared with MassHealth as requested. For One Care Plans, such documentation and centralized tracking must also be shared with MassHealth and CMS as requested.
 - All care plans must be approved by the Member in accordance with contractual requirements for the program, although Integrated Care Plans may allow for flexibility in providing electronic or other means for Members to approve. Members continue to retain the right to appeal changes in services, including amount, duration, and scope, based on assessments performed in person or using alternative means.
 - For any assessments conducted through alternative means instead of in-person during this period, the Integrated Care Plan must follow-up with an in-person assessment, and update the applicable assessment. As of this writing, MassHealth expects the Member's in-person assessment to be completed within 90 days from the date upon which the Commonwealth's state of emergency (declared via **Executive Order No. 591**) is lifted. The in-person assessment must be documented in the Member's health record, and in accordance with all regular documentation requirements. Completion of in-person assessments after an alternative assessment must also be centrally tracked.
 - The subsequent in-person assessment may warrant an updated care plan. The Member must be provided the opportunity to agree to any changes to their care plan by signing or otherwise approving as their accommodation needs require, and afforded appeal rights.
 - For services requiring in-person evaluation to determine changes in Member's needs, if the in-person evaluation or other necessary steps cannot be completed due to COVID-19, the Integrated Care Plan must extend the Member's service authorization for 90 days.
 - Integrated Care Plans must provide such extensions for covered services in at least the amount, duration, and scope as such extensions covered through MassHealth through its fee-for-service program.
 - For SCO, such extensions must also be provided in at least the amount, duration, and scope as such extensions covered through MassHealth and the Executive Office of Elder Affairs through the Frail Elder Waiver. See [MassHealth LTSS Provider Information: Updates Related to the Coronavirus Disease 2019 \(COVID-19\)](#).
- **Before Any In-Person Assessment Meeting with a Member, screen yourself and Members – including anyone who lives in the Member's home - for any of the conditions below (also see page 13):**
 1. Sick with fever (temperature higher than 100.3° F) or newly developed respiratory illness such as cough, shortness of breath, or sore throat;
 2. Recent travel (i.e., within the past 14 days) from [COVID-19-affected geographic areas](#);
 3. Close contact with a person suspected to have or diagnosed with COVID-19 in the past 14 days; and
 4. Has been diagnosed with COVID-19 or told by a healthcare provider that they may or do have COVID-19.

- **If the Answers to the Screening Questions are All No:**
 - Integrated Care Plan may offer to conduct assessment through telephonic or via other technology at the Member's preference and if such assessment is accessible for the member's communication and other needs. If at all possible, the Integrated Care Plan should conduct the assessment using remote video technologies that allow for visual communication. See **All Provider Bulletin 289** for additional information.
 - One Care Plans that plan to use alternative means to conduct assessments must inform MassHealth and CMS of the change. Guidance will be forthcoming from CMS's Health Plan Management System (HPMS) with instructions about this notification.
 - PACE organizations and SCOs should monitor for any additional guidance or instructions about reporting such changes that CMS may issue.
 - However, if a Member is not able to, or chooses not to participate in a telephonic or other remote technology-based assessment:
 - Integrated Care Plans should consider limiting the number of staff, providers, and other supports participating in the Member's in-person assessment. Staff that would normally be introduced to new Members in-person during the assessment process should be introduced via other means or at a later date if necessary, and should follow up with the Member in-person when the risk of contagion from an in-person assessment is eliminated.
 - Staff conducting the in-person assessment should use all available prevention strategies, including following the instructions from the Integrated Care Plan In-Person Visit Screening Flow Chart on page 13.

- **Staff: If the Answers to Any of the Screening Questions are Yes:**

Follow instructions from the Integrated Care Plan In-Person Visit Screening Flow Chart on page 13. This staff member should not conduct the in-person assessment. The Integrated Care Plan should arrange for a different staff member to conduct the assessment for the Member as indicated for the Member in this guidance.

- **Member or Individual in Member's Household: If the Answer to Screening Question 1 Only is Yes:**
 - Integrated Care Plan should attempt to conduct assessment through telephonic or via other technology as long as Member is able to meaningfully participate and successfully communicate via that alternative technology. If at all possible, the Integrated Care Plan should conduct the assessment using remote video technologies that allow for visual communication. The assessment may be rescheduled if the Member is not well enough to participate. See **All Provider Bulletin 289** for additional information.
 - However, if the Member is not able to participate in a telephonic or other remote technology-based assessment due to communication access or other individual needs or circumstances:
 - Integrated Care Plans should limit the number of staff, providers, and other supports participating in the Member's in-person assessment. Staff that would normally be introduced to new Members in-person during the assessment process should be introduced via other means, and should follow up with the new Member in-person when the risk of illness is reduced or past.

- Staff conducting the in-person assessment should use all prevention strategies including following the instructions from the Integrated Care Plan In-Person Visit Screening Flow Chart on page 13.
- **Member or Individual in Members' Household: If the Answers to Screening Question 1 and 2 or 3 are Yes; or to Question 4 is Yes (Suspected or Confirmed case) (per Integrated Care Plan In-Person Visit Screening Flow Chart on page 11):**
 - Do not perform the assessment in person. Perform the assessment through telephonic or other technology. If at all possible, conduct the assessment using remote video technologies that allow for visual communication. The assessment may be rescheduled if the Member is not well enough to participate. See **All Provider Bulletin 289** for additional information.

Care Management

- For any members with whom regular in-person engagement is reduced due to COVID-19-related social distancing, Integrated Care Plans should be checking in with members through alternative means (e.g. telephonically or through remote video technologies). Such remote check-ins should occur at least as frequently as the in-person activity it replaces would have occurred.
- Long-term Supports (LTS) Coordinators in One Care and Geriatric Support Services Coordinators (GSSCs) in SCO: Except as described above under Assessments where the LTS Coordinator or GSSC is the primary staff member assigned to complete an assessment, engagement with members should be conducted using alternative means to in person visits.

Critical Incident Reports

- Integrated Care Plans should follow DPH guidance on reporting COVID-19 suspected or confirmed cases, or potential exposures. Individual cases do not need to be separately reported to MassHealth via a Critical Incident Report.
- Integrated Care Plans **should** use a Critical Incident Report to inform MassHealth of suspected or confirmed cases requiring the closure of a PACE center or that impact continuity of operations.

Food and Meals Delivery for Members

- SCOs and PACE organizations may authorize additional meals if other services have been interrupted such that the Member's access to food is at risk.
- One Care Plans should consider providing meal preparation and grocery delivery for Members, especially when services for meal preparation and food access authorized in accordance with the Member's care plan are disrupted or at risk.
- All Integrated Care Plans should exercise flexibility necessary to ensure Members' access to food, especially for individuals who are in high risk populations related to COVID-19.

Program Attendance

- PACE programs should allow Members flexibility to avoid visiting the PACE center in-person on their scheduled days, and communicate affirmatively to Members that choosing not to attend the PACE center will not impact their eligibility for or enrollment in PACE.
- All Integrated Care Plans should allow Members flexibility to forego participation in any site-based programs at this time at the Member's option, and communicate affirmatively to Members that

choosing not to attend a site-based program will not impact their eligibility for or enrollment in such site-based programs.

- Integrated Care Plans should augment services provided in a Member's home for Members who forego participation at site-based programs during this time.

Additional Preparation Strategies

- **Complete the Coronavirus COVID-19 Integrated Care Plan Checklist Tool on pages 7-10**
- **Organizational Preparedness.** These preparedness steps may help protect your Integrated Care Plan while minimizing disruption to your important services.
 - Develop or review business continuity plans for how to keep critical services going if staffing levels drop due to illness or taking care of ill family members or children that may be temporarily out of child care or school settings.
 - Be prepared to change your practices as needed to maintain critical operations (e.g., prioritize clients or temporarily suspend some services, if needed).
 - You may also wish to refer to [CDC: Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 \(COVID-19\)](#)
 - Cross-train personnel to perform essential functions so sites can operate even if key staff are absent.
 - Assure you have adequate supplies of soap, paper towels, tissues, hand sanitizers, garbage bags, and other cleaning supplies. If possible, a supply of disposable gloves and paper facemasks will be useful if anyone becomes ill while at your program site.

Coronavirus COVID-19 Integrated Care Plan Checklist Tool (Page 1 of 4)

ACTION	YES	NO	COMPLETION DATE	COMMENTS
PLAN				
1. Review your Emergency Plan/Continuity of Operations Plan.				
2. Update your Plan to reflect changes based on your review and current situation.				
3. Update all workforce/volunteer contact information.				
4. Coordinate with local emergency operations/ local health department/health care coalition				
5. Review personnel policies with regard to use of personal time, sick time, overtime. Develop contingency policies.				
6. Check with your vendors about supply chain especially those that provide you with medications for your clients.				
7. Plan to address potential workforce shortages. Contract with other agencies for additional workforce, if possible.				
8. Develop a plan to cross train workforce wherever possible, including volunteers.				
9. Develop a questionnaire to identify which				

Coronavirus COVID-19 Integrated Care Plan Checklist Tool (Page 2 of 4)

ACTION	YES	NO	COMPLETION DATE	COMMENTS
workforce members are available to work extra and flexible hours. Also identify workforce members that may be employed by another health care provider as they may have a commitment to that organization in an emergent situation.				
10. Communicate your plan with partner agencies.				
11. Help your workforce develop a plan for their families.				
CLIENT CARE				
1. Identify client family members who may be able to take on more care responsibility temporarily if necessary.				
2. Develop a Succession Plan.				
a. List names and responsibilities.				
b. Get governing authority approval.				
3. Develop alternate staffing patterns such as longer days.				
4. Ask screening questions before each day and identify responsible person for conducting screenings (scheduler, supervisor, etc.)				
5. Develop a /remote phone outreach plan among clients who no longer can attend the program to decrease social isolation.				

Coronavirus COVID-19 Integrated Care Plan Checklist Tool (Page 3 of 4)

ACTION	YES	NO	COMPLETION DATE	COMMENTS
SITUATIONAL AWARENESS				
1. Communicate with local emergency preparedness organizations.				
2. Assign at least one person to monitor daily updates from CDC, DPH, and World Health Organization.				
3. Be aware of state updates, resources and communications.				
INFECTION CONTROL AND PREVENTION				
1. Educate/re-educate workforce in the following:				
a. Standard Precaution				
b. Transmission- based precautions such as				
1) contact				
2) droplet				

Coronavirus COVID-19 Integrated Care Plan Checklist Tool (Page 4 of 4)

ACTION	YES	NO	COMPLETION DATE	COMMENTS
2. Download multi-lingual client seasonal influenza information and distribute to clients and their family members.				
3. Re-educate workforce on handwashing protocols using running water and waterless hand sanitizers.				
4. Offer seasonal influenza vaccination to workforce and clients.				
5. Check PPE supplies and dates. Move outdated to back and label as outdated but do not discard at this time.				
6. Educate workforce again in donning and doffing of PPE and in sequential order.				
7. Review your infection control policies for surveillance, recognition, identification and reporting requirements for workforce and clients.				
8. Have a process to monitor and report any workforce or client illnesses in your organization.				
9. Develop an occupational health plan and policies for any workforce members with an exposure to COVID-19.				

Integrated Care Plan In-Person Visit Screening Flow Chart

Start Here

